

**Certification -  
Electronic Firm Application  
Submission  
Section 232**

**U.S. Department of Housing  
and Urban Development  
Office of Residential  
Care Facilities**

OMB Approval No. 2502-0605  
(exp. 11/30/2022)

**Public reporting burden** for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information is being collected to obtain the supportive documentation that must be submitted to HUD for approval, and is necessary to ensure that viable projects are developed and maintained. The Department will use this information to determine if properties meet HUD requirements with respect to development, operation and/or asset management, as well as ensuring the continued marketability of the properties. Response to this request for information is required in order to receive the benefits to be derived from the National Housing Act Section 232 Healthcare Facility Insurance Program. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number. While no assurance of confidentiality is pledged to respondents, HUD generally discloses this data only in response to a Freedom of Information Act request.

**Warning:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802).

*The information contained in this certification is required for the submission of application fees to HUD. The application fee is sent to HUD when the electronic version of the Firm Application is submitted (and project is placed in the queue).*

To enter the ORCF Firm Application processing queue, please submit a completed, signed, version of this certification with evidence of payment for the FHA application fee, and your storage medium containing the electronic version of the Firm Application.

Project Name	<input type="text"/>		
FHA Project Number	<input type="text"/>		
Project City	<input type="text"/>	Project State	<input type="text"/>
Loan Amount	<input type="text"/>		

**Indicate the appropriate application queue:**

Program Type	<input type="text"/>	Stage	<input type="text"/>
Application Queue	<input type="text"/>		

**Tax Credits:** The project involves Low Income Housing Tax Credits (LIHTC) or grants.

**Additional Comments:** Any additional key identifying information that HUD needs to know about or start working on as soon as an application is submitted (e.g. Tribal Notification).

**Common Ownership:** *(Complete only if the project is not part of a medium or large portfolio, but contains common control with other projects to be submitted within the previous or next 18 months or with currently insured 232 Health Care Facilities. Guidance on common control is outlined in HUD HB 4232.1, Section II, Chapter 17.)*

Portfolio Name	<input type="text"/>
Portfolio Number	<input type="text"/>

List the projects (project name and FHA #) with common ownership and application submission within the previous or next 18 months:

--

List the projects (project name and FHA #) with common ownership and currently HUD insured:

--

**Medium/Large Portfolios:** *(Complete only if the project is part of a medium or large portfolio.)*

Portfolio Name 

--

  
Portfolio Number 

--

List the projects (project name and FHA Number) that are a part of this batch:

--

**Lender Contact information:**

Lender Contact Name 

--

  
Lender Contact Email 

--

  
Lender Contact Phone 

--

**Certification:**

**By signing this certification,** I am certifying that to the best of my knowledge each application included in this submittal is completely assembled according to Office of Residential Care Facilities (ORCF) requirements (including any special requirements of the portfolio approval letter, if applicable).

Executed this <<enter date>> day of <<enter month>>, <<enter year>>.

<<enter Lender's name here>>

By: \_\_\_\_\_  
Signature

---

(Printed Name & Title)

223a7	ALABAMA	Alabama	AL
223(f)	ALASKA	Alaska	AK
New Construction	ARIZONA	Arizona	AZ
Substantial Rehabilitation	ARKANSAS	Arkansas	AR
Blended Rate	CALIFORNIA	California	CA
241a Supplemental Loan	COLORADO	Colorado	CO
223d Operating Loss Loan	CONNECTICUT	Connecticut	CT
232i Fire Safety Equipment	DELAWARE	Delaware	DE
	FLORIDA	Florida	FL
Single Stage Submission	GEORGIA	Georgia	GA
2 Stage - Initial Submission	HAWAII	Hawaii	HI
2 Stage - Final Submission	IDAHO	Idaho	ID
	ILLINOIS	Illinois	IL
Non-Portfolio	INDIANA	Indiana	IN
Portfolio	IOWA	Iowa	IA
Other	KANSAS	Kansas	KS
	KENTUCKY	Kentucky	KY
No	LOUISIANA	Louisiana	LA
Yes	MAINE	Maine	ME
	MARYLAND	Maryland	MD
	MASSACHUSETTS	Massachusetts	MA
	MICHIGAN	Michigan	MI
	MINNESOTA	Minnesota	MN
	MISSISSIPPI	Mississippi	MS
	MISSOURI	Missouri	MO
	MONTANA	Montana	MT
	NEBRASKA	Nebraska	NE
	NEVADA	Nevada	NV
	NEW HAMPSHIRE	New Hampshire	NH
	NEW JERSEY	New Jersey	NJ
	NEW MEXICO	New Mexico	NM
	NEW YORK	New York	NY
	NORTH CAROLINA	North Carolina	NC
	NORTH DAKOTA	North Dakota	ND
	OHIO	Ohio	OH
	OKLAHOMA	Oklahoma	OK
	OREGON	Oregon	OR
	PENNSYLVANIA	Pennsylvania	PA
	RHODE ISLAND	Rhode Island	RI
	SOUTH CAROLINA	South Carolina	SC
	SOUTH DAKOTA	South Dakota	SD
	TENNESSEE	Tennessee	TN
	TEXAS	Texas	TX
	UTAH	Utah	UT
	VERMONT	Vermont	VT
	VIRGINIA	Virginia	VA

WASHINGTON Washington WA  
WEST VIRGINIA West Virginia WV  
WISCONSIN Wisconsin WI  
WYOMING Wyoming WY